

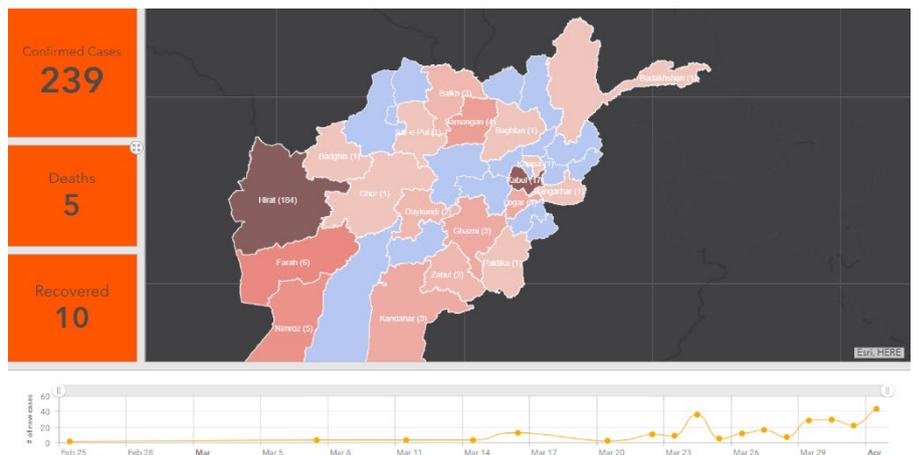
## Key Messages: **UPDATED**

- **People confirmed to have COVID-19: 239** (Source: Ministry of Public Health (MoPH) of Afghanistan)
- **Deaths from COVID-19: 5**
- **Tests completed: 1,807**
- **Key concerns: Border crossing areas, movement restrictions, testing capacity, protective equipment for frontline workers, commodity prices, floods, plans for camp and camp-like quarantine, strategic messaging and rumour management**

## Situation Overview: **UPDATED**

According to **Johns Hopkins University data**, as of 2 April 952,171 cases of COVID-19 have been confirmed and 48,320 deaths have been reported across 180 countries and territories. The COVID-19 pandemic is straining health systems worldwide. WHO is calling on countries to balance the demands of responding directly to COVID-19, while maintaining essential health services. WHO has stressed that to defeat the virus, countries need aggressive and targeted tactics. Aggressive measures to find, test, isolate and treat cases, as well as trace contacts are not only the best and fastest way out of social and economic restrictions – they are also the best way to prevent them. WHO further calls to governments to put in place social welfare measures to ensure vulnerable people have food and other life essentials during this crisis. WHO, the World Bank and the IMF are calling for debt relief for developing countries, as many will struggle to implement social welfare programs at this time.

**In Afghanistan, MoPH reports show that 239 people across 19 provinces are now confirmed to have the virus and five people have now died.** Hirat is still the most affected part of the country, now with 184 of the confirmed cases. 30 of those confirmed to have the virus are health workers which indicates the vulnerability of frontline staff and the need for them to have adequate personal protective equipment. To date, MoPH reports that 1,807 tests have been conducted. To scale-up testing efforts, WHO has supported the Government in the establishment of two testing facilities in Kabul, one in Hirat and one in Nangarhar province. Additional testing facilities are also expected to begin operations in Mazar-e-Sharif city (this week) and Kandahar and Paktya provinces (in the coming week). Altogether, the Government plans to expand to 15 test facilities across the country within the month.



## CONDITIONS ARE DIRE FOR DISPLACED PEOPLE IN INFORMAL SITES, PARTICULARLY THOSE WITH VULNERABILITIES



Photo: UNHCR Afghanistan

More than 82,000 people are living in informal IDP sites in Hirat province (Injil and Guzarah districts) after being displaced by the 2018 drought and conflict. The onset of the rainy season and intermittent flooding, combined with sub-standard living conditions, is contributing to the increased vulnerability of IDPs to a more serious COVID-19 infection. Lack of access to basic services, notably water and sanitation facilities, and overcrowded living arrangements place those displaced and their host communities at risk of contagion as physical distancing and home isolation are challenging. It's a dangerous combination.

“We are less concerned about the virus than the lack of food and livelihoods opportunities,” said one resident. The Protection Cluster is advocating for protection and life-saving humanitarian assistance to IDPs and returnees living in informal sites in the west. Protection partners are scaling-up technical assistance and guidance on quarantine practices at the border in close cooperation with local authorities.

Quarantine measures are being implemented for people who are either suspected or confirmed to have the virus. There are concerns that this is not being implemented in a consistent manner nationally with sub-optimal quarantine and isolation practices being applied in some locations. Humanitarian partners stress that quarantine and isolation should only be conducted for people presenting with symptoms of COVID-19 and no more than one person should be housed in one room or tent. Partners urge the authorities to refrain from keeping people in quarantine/isolation facilities for extended periods for repeated testing. Individuals who first tested negative may become contaminated by COVID-19-affected individuals while being kept in the same facilities. Partners also stress that when quarantine is organised in public facilities, strict gender separation should be observed so that men and women are not kept in the same rooms, unless they are close relatives.

A number of provinces have instituted measures to limit the exposure of residents to COVID-19. In Kabul and Hirat these include '**measured lockdowns**' which have resulted in closures of sections of each city and/or limits on the number of people travelling together. Details of how these are being implemented in different regions can be found in previous days' [COVID-19 Daily Briefs](#). Humanitarian partners are especially concerned about the closure of some government departments given the ongoing need to maintain life-saving humanitarian assistance to meet needs identified before the COVID-19 pandemic, and that will likely be aggravated by this new crisis. The Government's Emergency Committee for Prevention of COVID-19, which meets every two-days, met again on 31 March and has indicated that any interruptions to UN and NGO operations related to COVID-19 movement restrictions would be resolved soon. Regarding NGO movements that may sometimes be undertaken in unmarked vehicles, the Committee added that staff service ID cards will be accepted to allow them move freely in Kabul and other provinces. On 01 April, the Kabul Chief of Police broadly shared a radio announcement informing all police at checkpoints to allow movement of NGO personnel. Humanitarian partners urge the Government to employ a national approach to these issues so that individual negotiations are not required on a case-by-case basis to ensure humanitarian services can continue. Humanitarian partners ask the Government to waive restrictions of movement for all essential and critical items, especially humanitarian and health cargo.

### **Response:** UPDATED

After a meeting with Provincial Governors held on 28 March, the President of Afghanistan, Ashraf Ghani, announced a series of measures to allow Governors to take the lead in the response to COVID-19 in their provinces. Details can be found in the [1 April COVID Daily Brief](#). To facilitate strengthened preparedness and response capacity, the Government will roll out simplified procurement procedures and decentralised decision-making on resource allocation towards the response. Each Province will be developing a three-six month plan to meet both new COVID-19 needs and existing needs aggravated by the spread of the pandemic. Province-level economic stimulus plans are also being planned. The Government is also mobilising religious leaders to encourage people to conduct their prayers at home in the areas where movements are restricted due to the spread of COVID-19. In addition to classes being provided via TV and Radio to reduce interruptions to education, the Government plans to reduce the cost of internet to facilitate online learning, although many children in Afghanistan remain without access to computers. Coordination of emergency response and disaster management on the Government's side comes under the portfolio of First Vice President and through the Emergency Committee for Prevention of COVID-19. The humanitarian community's overall efforts towards the response are coordinated under the Humanitarian Country Team and the Inter-Cluster Coordination Team at the national level and via Humanitarian Regional Teams at the sub-national level.

On the delivery side, the overall focus of the **health response** is on preparedness, containment and mitigation. WHO and a number of international organisations are working to provide reliable modelling on the evolution of the virus in the specific context of Afghanistan with its unique vulnerabilities. Polio teams continue to support the COVID-19 response. The health response is supported by 350 WHO polio surveillance staff, 1,000 polio surveillance focal points, and 34,000 polio surveillance volunteers within health facilities, the private sector and communities. These personnel are supporting efforts to enhance surveillance systems and early detection. This includes training of trainers in surveillance. So far, some 6,000 people have been trained in the country's west. Al Gharafa Organization (a Qatari NGO) has donated four sets of ventilators and 500 sets of protective equipment for frontline personnel. The items are expected to arrive in Hirat on 5 April.

A [COVID-19 Multi-Sector Humanitarian Country Plan for Afghanistan](#) has been finalised requiring US\$108.1m to reach 6.1m people with life-saving assistance across all clusters. The plan outlines initial preparedness and response efforts for the next three months and highlights the potential effects of the outbreak on ongoing humanitarian response. It also spells out mitigation measures being employed to reduce interruptions to life-saving services. In addition to an urgent allocation of \$1.5m towards urgently required COVID-19 preparedness and response health capacity made on 26 February, OCHA's Humanitarian Financing Unit is supporting the Humanitarian Coordinator to make further allocations to support the response.

The World Bank met with a group of humanitarian partners on 31 March to share information on planned programmes to support COVID-19, particularly those focused on food transfer and labour-intensive public works. The aim was to

identify opportunities to align and coordinate efforts given the World Bank's ongoing dialogue with the Government on supporting urban and rural communities through ongoing operations such as Citizens Charter, the CASA Community Support Project, EZ-Kar and the Cities Investment Project. Initial discussions were held on the procurement of food packages and options for coordination. As a next step the Bank will review the overlap between the districts prioritised by the humanitarian community for immediate assistance and possible Bank support.

The recently established **COVID-19 Risk Communications and Community Engagement (RCCE) Working Group**, led by WHO and NRC, has started its work in support of the Government of Afghanistan to tailor global COVID-19 guidance on risk communication activities to Afghanistan's unique context. The group plans to develop a collective, inter-agency risk communications and community engagement approach to ensure that messaging is harmonised and community feedback is systematically collected in line with a risk communication and community engagement strategy for Afghanistan. Specifically, the group will focus on tracking of rumours and busting myths; collaborating with community and religious leaders; and utilising existing community-based protection/early warning mechanisms as well as existing feedback mechanisms (such as Awaaz Afghanistan). The Working Group plans to expand membership to non-humanitarian actors (UNDP, UNAMA, etc.).

The COVID-19 outbreak comes against the backdrop of the Spring flood season which is complicating the response and depleting in-country supplies. According to [OCHA's natural disaster tracking dashboard](#), more than 14,000 people have been affected by floods, landslides and avalanches in more than 12 provinces. Humanitarian partners are mobilising a rapid response to meet the needs of affected families. The ES-NFI Cluster reports that so far, 480 families affected by floods have been provided with emergency shelter and household items in Hirat, Farah, Badakhshan, Takhar, Ghazni and Hilmand provinces. Further assessments are ongoing. In line with weather forecasts, high rainfall and intermittent flooding is being experienced in different parts of the country. ES-NFI partners are prioritising cash assistance for those affected given the current context and operating constraints. FSAC is worried about the impact on crop land. Preliminary analysis suggests that nearly 60,000 ha of cropland is at risk of flooding across 10 provinces. This represents some 7 per cent of overall cropland across these provinces.

### **Cross Border Concerns: UPDATED**

At the direction of the national Government and provincial Governments in Hirat, Nimroz, Kandahar, and Nangarhar, the UN has established surveillance screening (including temperature checks and symptom screening processes) across major border points. IOM, in close partnership with MoRR, has continued registration of returnees. UNHCR is further planning on scaling-up border protection monitoring. Handwashing stations have been set up at all points of entry. The UN further plans to scale up the provision of personal protective equipment to frontline workers and provide additional logistical support in terms of office space, accommodation facilities and provision of food and transportation for government staff at border points. IOM, WHO and UNHCR are leading a Points of Entry Working Group to ensure effective coordination of planning and response across four major border crossing points. This has now met twice and is looking to expand its coordination work to nine official land borders and four international airports.

As of 2 April, Johns Hopkins University reports that there are 50,468 confirmed cases of COVID-19 in **Iran**. All flights to and from Iran are suspended. However, the Islam Qala-Dogharoon land border crossings (Hirat) remain open on both sides for both individuals and commercial traffic. The Milak crossing (Nimroz) is formally open only to commercial traffic and documented Afghans. Despite a formal notice on the policy at this crossing, undocumented returnees are still crossing into Afghanistan. Up to 21 March, IOM reported a surge in spontaneous returns of undocumented Afghans from Iran with 115,410 undocumented returnees over a 2-week period – the highest return on record. The scale of returns has since subsided, notably during and after the Nawroz-Persian New Year holidays in Iran and Afghanistan. As of 30 March, flooding affected the Islam Qala border crossing. While it remains open, the number of returns registered on 1 April has been low compared to past days (793 via Islam Qala and 366 via Milak crossings). Due to heavy rains, the road leading from the crossing into Afghanistan remains partly closed. As the road quality is poor in many parts of Afghanistan, floods are likely to affect movement of humanitarian goods and personnel across the country. Some food security and agriculture partners have had to temporarily delay their activities – as they wait for waters to recede from roads – in some of the western provinces that are experiencing localised flooding.

As of 2 April, according to Johns Hopkins University there are 2,291 people confirmed to have COVID-19 in **Pakistan**. The country's border with Afghanistan is officially closed through until 9 April, however there have been several brief openings during which a limited number of commercial trucks have been allowed to cross the at the Chaman-Spin Boldak border point to ensure continued supplies of goods in Afghanistan. FSAC is still concerned about the 500MT of food that remains stuck at the Spin-Boldak border crossing. There is also reportedly a backlog of some 1000 fuel trucks for the international military reported to be stuck on that crossing. On movement of humanitarian supplies, partners encourage the Government of Afghanistan to further engage with Pakistan authorities to enable smooth and speedy movement of humanitarian cargo.

There is no update from Pakistan on reports from Afghanistan authorities regarding a safe passage for a few thousand citizens of Afghanistan currently stuck in Pakistan. Provincial authorities expect returns to be done via the Torkham crossing point and have been scaling-up preparedness efforts to establish sites to quarantine these returnees. The Nangarhar Governor has asked residents to support in donating basic household items. The humanitarian community does not support the establishment of camps or camp-like quarantine sites for people returning in large numbers. Keeping people in confined spaces in a pandemic situation is not best practice and the experience in other countries has demonstrated that this increases the risk of the virus spreading.

In early March, Afghanistan's other neighbours – **Tajikistan, Turkmenistan and Uzbekistan** – announced the closure of their borders, with some exemptions, and suspended flights to and from Afghanistan. Commercial traffic and return of citizens of Afghanistan continues according to the Afghan Border Police. Humanitarians are concerned about the potential supply disruption of key food commodities (wheat flour and wheat grains) following the announcement by export restrictions by Afghanistan's northern neighbour, Kazakhstan - a (key supplier of these commodities. Over the last two months the stocks of commercially available wheat grain held by the national network of millers in Afghanistan has significantly diminished. As international borders close and commercial flights continue to be disrupted, humanitarian partners urge the Government to assure that its borders are open for commercial, humanitarian and health cargo. Market shortages can put additional pressure on humanitarian cargo and contribute to social tensions.

### **Operational Response Capacity: UPDATED**

With the above-mentioned movement restrictions and isolation measures announced for different parts of the country, the UN and humanitarian partners are working to clarify implications for their activities and make arrangement for free movement. The closure of government institutions may create new coordination challenges for humanitarian agencies. Some NGOs have reduced their international footprint in country and many staff are now working remotely. Others are scaling-up to respond to the COVID-19 risk and ensure continuity of existing services in the areas where they operate. UN offices remain open and staff are working to ensure life-saving assistance continues to vulnerable people. Virtual meetings are being held as much as possible to protect staff from the virus.

Commercial flight suspensions to Afghanistan are now in force and the United Nations Humanitarian Air Service (UNHAS) is urgently investigating options for a possible international airbridge. UNHAS plans to commence operations in the coming weeks. Details on international airfield and aircraft capacity are still being fine-tuned.

Further to the announcement that Jalalabad airfield will stop operating, UNHAS will start a helicopter service between Jalalabad and Kabul to ensure critical humanitarian operations are not disrupted. On 31 March, it was further noted that the Hirat international airport would be closed for all commercial flights until 30 April. While humanitarian air services – UNHAS and PACTEC – are exempt from this provision, humanitarian partners are concerned that these small-scale air operations would not be able to meet partners' recurrent demand to scale. The cost of partners' operations is also expected to increase with higher flight costs.

### **More Information: UPDATED**

#### WHO

- WHO's latest information on COVID-19: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- Global research on COVID-19: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov>
- Disability considerations during the COVID-19 pandemic: <https://www.who.int/internal-publications-detail/disability-considerations-during-the-covid-19-outbreak>
- IEC material (in English, Dari and Pashtun): <https://www.humanitarianresponse.info/en/operations/afghanistan/health/documents/publication-date/2020?search=COVID-19%20Poster>

#### UN and NGO

- CARE and IRC Gender Analysis: [https://www.care-international.org/files/files/Global\\_RGA\\_COVID\\_RDM\\_3\\_31\\_20\\_FINAL.pdf](https://www.care-international.org/files/files/Global_RGA_COVID_RDM_3_31_20_FINAL.pdf)
- IOM dashboard on impacts of the COVID-19 pandemic on human mobility: <https://migration.iom.int/>

#### Inter-Agency Standing Committee

- IASC-endorsed COVID-19 guidance – new materials available: <https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response>

For further information, please contact:

Dr. David Lai, Health Cluster Coordinator, Health Emergencies Programme, WHO, [laidavid@who.int](mailto:laidavid@who.int), Tel. (+93) 078 176 4906 (for Technical Expertise)

Dr. Dauod Altaf, Team Lead, WHO Health Emergency, WHO, [altafm@who.int](mailto:altafm@who.int), Tel. (+93) 0782200342 (for Technical Expertise)

Danielle Parry, Head of Strategy and Coordination Unit, OCHA, [parryd@un.org](mailto:parryd@un.org), Tel. (+93) 0793001124